

Coldbrock Healthcare Ltd

Coldbrock Healthcare

Inspection report

Corinium House, BIZSPACE
Barnwood Point, Corinium Avenue
Gloucester
GL4 3HX

Tel: 01452699120
Website: coldbrockhealthcare.co.uk

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Coldbrock Healthcare is a domiciliary care agency. It provides personal care to people living in their own houses and flats. At the time of our inspection 19 people were receiving a regulated activity, increasing to 21 people by the time we completed our inspection.

At the time of the inspection everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using the service and what we found

The care provided was not always safe. Risks to people's care were not fully assessed, planned, or documented. Government guidance in relation to Covid-19 staff testing was not being adhered to. Safe recruitment practices were not always followed.

We identified widespread shortfalls in the way the service was managed. The provider failed to implement effective processes to assess and monitor the quality of the service and to identify the issues found during our inspection. An example was a failure to have an effective system in place to monitor the length of visits, delivering care at the scheduled times and identifying missed care visits. There were also issues with recording of complaints and concerns and gaining feedback from people in relation to the quality of their care.

People received support from a consistent staff team that knew them well. People and relatives shared mixed feedback about the care provided. One person said, "I am very grateful that they take care of me". Another person said, "If they don't come or are very late I have at times had to lower [person's] bed right down in case [person] falls out if I have to leave [person] alone urgently for something."

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good, report published 2 April 2021.

Why we inspected

The inspection was prompted in part due to concerns received about people's safety and the management of the service. A decision was made for us to inspect and examine those risks.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took

account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe care and treatment, safe recruitment and good governance at this inspection.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Requires Improvement ●

Coldbrock Healthcare

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008. This was a targeted inspection to check on a concern we had about people's safety and management of the service.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

The service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service prior notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 04 July 2022 and ended on 21 July 2022. We visited the location's office on 04 July and 08 July 2022.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and

improvements they plan to make. We reviewed information we had received about the service. We reviewed all other information sent to us from stakeholders such as the local authority and members of the public. We used all of this information to plan our inspection.

During the inspection

We spoke with three people using the service and three relatives about their experience of the care provided. We spoke with three care staff; however the conversations were brief due to their limited availability. We also spoke with the nominated individual and registered manager. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We looked at four care records and two medicine records. We looked at three staff files regarding recruitment. We also looked at quality monitoring records relating to the management of the service, such as audits and quality assurance reports.

After the inspection

We reviewed the evidence sent by the provider electronically. This included the service's staff training data, three staff recruitment files and other information related to the service.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong; Preventing and controlling infection

- Risks to people had not always been assessed or planned to ensure they received care safely. A staff member described the support they provided people who experienced seizures. However, a risk assessments and risk management plans in relation to people's management of their seizures were not in place.
- Staff were supporting people with testing their blood sugar levels but had not received training from a competent health care professional to ensure they could undertake this task safely and a risk assessment was not in place in relation to blood sugar testing.
- The provider told us that they had missed some care visits and some of the people and relatives we spoke with confirmed visits had been missed. However, the provider had not explored the impact of these missed care visits on people's safety to determine whether additional risk management plans needed to be put in place to keep people safe when their care visits did not take place.
- We were not assured the provider was effectively managing the prevention and control of infection. Regular Covid -19 staff testing was not being completed in line with current government guidance. The provider was unaware of the regularity of staff testing. This meant that effective measure were not in place to prevent the spread of Covid- 19.

We found no evidence that people had been harmed. However, systems were either not in place or robust enough to demonstrate safe management of all risks to people's care. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were able to describe how they would support other risks to people, such as pressure ulcers.
- Environmental risks were assessed and where staff were working on their own in people's homes, measure were put in place to ensure their personal safety.
- The provider talked to us about lessons learnt such as ensuring assessments are carried out prior to taking on emergency packages of care and ensuring the service was able to meet people needs in certain geographical areas.
- Supplies of PPE were available to all care staff and staff told us about its correct and safe use.

Staffing and recruitment

- Safe procedures were not followed when new staff were recruited to ensure they were safe to provide care to people. Interview records were in place to support the registered manager's decisions to employ staff, but records did not always show that recruiting managers had explored the previous employment histories of

staff and their suitability to work for the service. There were gaps in some employment histories.

- Reference checks from staff's previous social care employers were sought, however they did not always gather assurances about staff's reason for leaving their previous employment.
- Records did not show how the registered manager and provider had assessed the risk to people when they were unable to obtain evidence of satisfactory conduct or complete checks on an applicant's employment history. This meant additional safeguards were not in place to ensure staff were of good character.

We found no evidence that people had been harmed however, safe recruitment practices had not always been followed. This placed people at risk of harm. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us about time constraints they faced and the volume of work they had in being able to complete their recording, monitoring and supervisory tasks to support them to meet regulatory requirements. We reported on the provider's monitoring shortfalls of this issue in Well-led.
- People were supported by a consistent staffing team. However, people told us and systems demonstrated that people did not always receive their care visits at the arranged time or for the full amount of time agreed. We reported on the provider's monitoring shortfalls of this issue in Well-led.

Systems and processes to safeguard people from the risk of abuse

- Staff had completed safeguarding training and the staff we spoke with demonstrated a good understanding of how and when to raise safeguarding concerns.
- The provider had not always scrutinised all late or missed care visits to ensure people remained safe when they had not received their care as planned and to ascertain if a safeguarding referral to the local authority is required.

Using medicines safely

- People told us that they had received their medicines as prescribed. Staff did not always follow the provider's procedures for recording when they had administered people's medicines. There were gaps in the recording of people's medicines or medicines were recorded as having been administered late.
- Audits of medicines were not carried out, however the provider told us they had a system in place to alert them when medicines were missed or late. We found no evidence of actions taken as a result of this.

We found no evidence that people had been harmed, however medicine administration records were not always completed and this had not been addressed through the provider's monitoring systems. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff received medicine training and their competency to administer medicines were assessed.
- People's care documentation contained information in relation to their medicines and risk assessment was in place for people who required support with their medicines.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- Staff we spoke with were positive about the support they receive from the registered manager; however, it was evident that the staff relied heavily on the registered manager for day to day support. The registered manager talked to us about the time constraints and volume of work in their job role.
- A structured quality monitoring system was not in place and all shortfalls had not been identified prior to our visit.
- The provider and registered manager talked to us about the quality assurance monitoring they completed; however, evidence that these checks had taken place were not readily available.
- We found issues during our inspection which the provider's auditing system did not identify. The provider did not operate an effective monitoring system to ensure safe administration of people's medicines. The registered manager showed us evidence that alerts were being received when medicines were administered late or not recorded as administered, however we did not see any evidence of actions taken to address the shortfalls.
- Staff did not always support people for the allocated length of their care visits or support people at the time which was agreed and allocated on the staff rota. The provider did not have a clear system in place to monitor care visit times to support service improvements.
- Some of the people we spoke and their relative told us at times, scheduled care calls had been missed. The provider did not have a clear system in place to monitor the calls which had been missed to ensure action was taken when people did not receive their care as planned.
 - The provider did not ensure records were kept of all care people received. Records of complaints received from people were not kept to show how the service had responded to people's complaints.
- The provider did not identify through their auditing system that the information used to inform recruitment decisions was not sufficiently robust.
- The provider's infection control audit did not identify the shortfalls we found in adhering to government guidance in relation to Covid- 19 staff testing.
- The provider did not collect feedback from people who used the service and their relatives. This meant that people's views were not sought to evaluate and improve the service.
- The provider and the registered manager told us about lessons learnt, however the service did not have an improvement plan in place to evidence actions taken to improve the quality of the service.

We found no evidence that people had been harmed however, systems were either not in place or robust

enough to demonstrate good governance. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service held staff meetings. Staff we spoke with said they attended staff meeting.
- The provider communicated with staff through phone calls and phone group chats. Examples of these were shown to us during the inspection.
- People and their relatives gave us mixed feedback about the service. One person's relative told us: "Very good, very pleased with them. The family would like to thank them." and another person's relative told us: "8 out of 10. I give that because of missed calls."
- The registered manager told us they maintained good working relationships with partner agencies. This included working with commissioners and health and social care professionals such as GPs.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Systems were either not in place or robust enough to demonstrate safe management of all risks to people's care.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Safe recruitment practices had not always been followed.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were either not in place or robust enough to demonstrate good governance.

The enforcement action we took:

We have issued a Warning notice.